

PICK UP FOR HCI, INC.

State of California - Health and Welfare Agency

HAZARDOUS WASTE MANAGEMENT BRANCH

714-744 P Street

Sacramento, CA 95814

MATERIAL TO BE RECLAIMED BACK TO CUSTOMER

UNIFORM HAZARDOUS WASTE MANIFEST

July 20, 1983

Department of Health Services
Shipper 11571

Please print or type with ELITE type (12 characters per inch)

STATE ID NUMBER

83212266

GENERATOR NAME AND MAILING ADDRESS

NU WAY LINEN SUPPLY

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER

AREA CODE/PHONE NUMBER

TRANSPORTER NO. 1

OMEGA CHEMICAL CORP.
12504 E. Whittier Blvd.
Whittier CA 90602

VEH/CONTAINER NO

EPA ID NUMBER

CA 10 10 0 Q3 8 50 5

CA 10 4 2 24 5 0 01

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

VEH/CONTAINER NO

EPA ID NUMBER

TREATMENT STORAGE OR DISPOSAL (TSD) FACILITY

OMEGA CHEMICAL CORP.

EPA ID NUMBER

AREA CODE/PHONE NUMBER

213/698-0991

CA 10 4 2 24 50 0 1

PROPER U.S. DOT SHIPPING NAME AND HAZARD CLASS

UN/NA
NUMBER

TOTAL
QUANTITY

UNIT
WT VOL

CONTAINER
NO

WASTE
CAT NO

DISP.
METH

PERCHLOROETHYLENE

-ORM-A

U N 18 97

100

G

Q2

DM

2 1 1

01

COMPONENTS

CONC RANGE
UPPER LOWER

UNITS
% PPM

Perchloroethylene

3

0

SLUDGE MUD

100

97

SPECIAL HANDLING INSTRUCTIONS

GLOVES

Waste 16.5 gal

No yield

This is to certify that the above named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA

Printed or typed full name and signature

GEORGE G HECHT George Hecht

MO

DAY

YR

12

26

83

☐ Check if continuation sheet is used. Number of continuation sheets

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

DATE
RECD
&
ACCEPTED

MO

DAY

YR

Printed or typed full name and signature

DATE
RECD
&
ACCEPTED

MO

DAY

YR

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

DATE
RECD
&
ACCEPTED

MO

DAY

YR

Printed or typed full name and signature

DISCREPANCY INDICATION SPACE

Facility owner or operator. Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSD must complete waste number and instructions.

DATE RECEIVED & ACCEPTED

EPA ID NUMBER

MO

DAY

YR

Printed or typed full name and signature

C AD 0 4 2 24 5 0 01

0 7

26

83